

APPENDIX C

DTV Consumer Education Quarterly Activity Report

Instructions

This form should be used to provide the Federal Communications Commission (FCC) with information pertaining to all station activity to educate consumers on the transition to digital television (DTV). All stations should log DTV Transition-Related Public Service Announcements (PSAs) and other DTV activities using the appropriate house (identification) numbers. These logs or records should include the date and time that each DTV activity occurred. This form must be filed in Docket Number 07-148 as Document Type: REPORT, and placed in the station's Public Inspection File. This form must continue to be filed for each quarter in which a station has DTV Transition education obligations.

Station Call Sign(s) KWYP-TV _____

Report reflects information for quarter ending (mm/dd/yy)

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Have you opted to comply with Option One, Two, or Three (once elected, this choice may not change)?

☐ Option One (A and D) ☐ Option Two (B and L) ☒ Option Three (C and D)

Over the past quarter, have you fully complied with the requirements of this option?

☒ Yes ☐ No

Simulcasting

Are you simulcasting on your Analog channel and your primary Digital stream?

☒ Yes ☐ No

If **YES**, complete only one form for both. If **NO**, complete a form for your Analog channel and a second for your primary Digital stream.

Call Sign	Channel Numbers	Community of License			
		City	State	County	Zip
KWYP	Analog _____(8)_____	Code			

	Digital <u>8</u>	Laramie	Wy.	Albany	82072						
Licensee Central Wyoming College											
Above, circle the Channel Number(s) to which this form applies. 8 analog		Nielsen DMA 18	World Wide Web Home Page Address WWW.Wyomingpbs.org								
Facility ID Number 10032	Previous Call Sign (if applicable)	License Renewal Expiration Date (mm/dd/yy) <table border="1"> <tr> <td>0</td> <td>9</td> <td>3</td> <td>0</td> <td>1</td> <td>4</td> </tr> </table>				0	9	3	0	1	4
0	9	3	0	1	4						

Section C (For Noncommercial broadcasters only)

On its analog channel, and its primary digital stream, a station must air 60 seconds per day of on-air consumer education, in variable timeslots, including at least 7.5 minutes per month between 6 pm and 12 am. Beginning May 1, 2008, this requirement doubles, and beginning November 1, 2008, it increases again, to 180 seconds per day and 22.5 minutes per month between 6 pm and midnight. It must also run one 30 minute transition education piece once (See rules for additional details).

Have you aired a sufficient amount of consumer education (60, 120, or 180 seconds per day, depending on the date) during each day this quarter?

☒

Yes

☐

No

30 Minute Educational Programs – Last Quarter

How many 30 minute, DTV-related informational programs did your station run during the quarter? The comment box may be used to describe this activity. At least one such program must be run between the hours of 8:00 a.m. and 11:35 p.m., prior to February 17, 2009.

Total number of 30 Minute Informational Programs

Comments (add additional sheets where necessary):

Section D (For all broadcasters)

Additional DTV On-air Initiatives – Last Quarter

Did your station run additional on-air initiatives (such as news reports, town hall meetings, etc.) during the quarter? The comment box may be used to describe these initiatives.

☐ Yes ☐ No

Comments(add additional sheets where necessary):

Station Web Site Additional Activity Related to the DTV Transition – Last Quarter

Does your station have a Web site ☒ Yes ☐ No

If YES, did your station provide additional DTV related information or activities on that Web site? The comment box may be used to describe what was posted on the station's Web site.

☒ Yes ☐ No

Comments(add additional sheets where necessary):
We have an interactive box that links to the NTIA website

Additional DTV Outreach Efforts -- Last Quarter

Check all of the DTV related activities listed below that your station engaged in over the last quarter. The comment box may be used to describe this activity.

☐ Speaking Engagements

Comments(add additional sheets where necessary):

☐ Community Events

Comments(add additional sheets where necessary):

☐ Other (describe)

Comments(add additional sheets where necessary):

This comment box may be used to include other comments or information about your station's DTV activity over the last quarter.

Comments(add additional sheets where necessary): We have done in-house training and have done some outreach within our community and have also had information in our Guide.

STATION CERTIFICATION

I certify that the statements in this document are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Name of Licensee (print): Central Wyoming College

Signature: Suze M. Kanack

Date: 04/07/08